

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037574
9875
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District 1003 Registrar's No.

FILED OCT 10 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Missouri</i>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		c. CITY OR TOWN <i>Richmond Heights</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1509 Claytonia Terr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <i>IDA GLAZER</i>			4. DATE OF DEATH Month <i>Oct.</i> Day <i>2</i> Year <i>1963</i>			5. SEX <i>Female</i>			6. COLOR OR RACE <i>White</i>		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH <i>10/10/11</i>			9. AGE (last birthday) <i>51</i>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>		
11. BIRTHPLACE (City and state or country) <i>Poland</i>			12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		
14. NAME OF HUSBAND OR WIFE <i>Louis Glazer</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unk.</i>			16. SOCIAL SECURITY NO. <i>204.0</i>			17. INFORMANT Address <i>Louis Glazer - 1509 Claytonia Terr.</i>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic lymphocytic leukemia</i> DUE TO (b) <i>204.0</i> DUE TO (c) <i>204.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <i>11:10</i> a.m. <i>AM</i> Month, Day, Year <i>October 9, 1958</i>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY <i>St. Louis</i> STATE <i>Mo.</i>		
21. I attended the deceased from <i>October 9, 1958</i> , to <i>October 2, 1963</i> and last saw her alive on <i>Oct 2, 1963</i> Death occurred at <i>11:10 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.						22a. SIGNATURE (Degree or title) <i>Edward H. Reinhard M.D.</i>					
22b. ADDRESS <i>BARNES HOSPITAL</i>						22c. DATE SIGNED <i>10-2-63</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>			23b. DATE <i>10/6/63</i>			23c. NAME OF CEMETERY OR CREMATORY <i>Chevra Kadisha Cem.</i>			23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		
24. FUNERAL DIRECTOR <i>Herman Rindskopf, Inc. 5216 Delmar</i>						25. DATE RECD. BY LOCAL REG. <i>OCT 4 1963</i> REGISTRAR'S SIGNATURE <i>Edw. H. Reinhard M.D.</i>					

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8001

318

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Ketters
Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.